

## Claim Form A - Total Permanent Disability

Policy No.   
Date 

(All answers in BLOCK LETTERS and No Dots &amp; Dashes)

Name of the Life Assured

Correspondence Address/ Usual place of residence

ROAD  NAME / NO.

DISTRICT / TALUKA

CITY / VILLAGE

STD ISD Code  LANDLINE  MOBILE

Date of Birth  Date of disability

Phone number

If disability is the result of an accident, state where and how did it occur

Nature of illness  Date when the symptoms first developed

Date last worked

Are you still totally disabled?  Yes  No

Type of employment in which you are engaged

Have you been able to perform any work since the onset of disability?  Yes  No

Please provide names, addresses of all medical practitioners who have treated you during your current disability and the date(s) of all such treatment(s)

Name

Address

ROAD  NAME / NO.

DISTRICT / TALUKA

CITY / VILLAGE

STD ISD Code  LANDLINE  MOBILE

Date of treatment

Please provide names, and address(es) of all hospital(s) in which you were treated during your current disability and the date(s) of all such treatment (s)

Names of hospital(s)

Address(es)

ROAD  NAME / NO.

DISTRICT / TALUKA

CITY / VILLAGE

STD ISD Code  LANDLINE  MOBILE

Date of treatment

If you have any other insurance which provides disability benefits, please give name of company(ies) and policy number(s)

Earnings as of date of disability

**Treatment dates**

Date of first visit for current condition  Date of most recent visit

Frequency of visits  Weekly  Monthly  Other

Nature of treatment

Medications (including prescribed dosages)

Surgeries (completed or anticipated)

Other

Current Status: Neurological

Physical Status:

Bank Account Details of Claimant/Appointee in case the proposer died in the laspe period (Please note that all the payments would be made only through direct transfer to the

Bank Account, hence cancelled cheque is to be attached)

Name as per Bank Records

|  |  |   |   |   |   |   |   |   |   |   |    |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |  |  |
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|  |  |   | F | I | R | S | T |   |   |   |    |  |  |  |  |   |   | L | A | S | T |   |   |   |   |   |  |  |
|  |  | B | A | N | K |   | N | A | M | E |    |  |  |  |  | B | R | A | N | C | H |   | N | A | M | E |  |  |
|  |  | A | C | C | O | U | N | T |   | N | O. |  |  |  |  | I | F | S | C |   | C | O | D | E |   |   |  |  |

**I am enclosing herewith**

The Original Policy Document/s
  Doctor/Hospital Certificate/s
  Cancelled cheque & bank passbook/bank statement
  Disability Certificate  
 FIR Copy/Police Records
  Others

I hereby declare that the statements made in this claim form by me are true and correct to the best of my knowledge and belief.

Signature of the Life Assured \_\_\_\_\_

Signature of the Witness \_\_\_\_\_

Date

Name of the Witness

|              |  |   |   |   |   |   |   |    |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |
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|              |  |   | F | I | R | S | T |    |   |   |   |   |    |   |   |   |   |   |   | L | A | S | T |   |   |   |  |  |  |
|              |  | F | L | A | T |   | N | O. |   |   |   |   |    |   | B | U | I | L | D | I | N | G |   |   |   |   |  |  |  |
|              |  | R | O | A | D |   | N | A  | M | E | / | N | O. |   |   | L | A | N | D | M | A | R | K | 1 |   |   |  |  |  |
|              |  | D | I | S | T | R | I | C  | T | / | T | A | L  | U | K | A |   | L | A | N | D | M | A | R | K | 2 |  |  |  |
|              |  | C | I | T | Y | / | V | I  | L | L | A | G | E  |   |   |   | S | T | A | T | E |   |   |   |   |   |  |  |  |
| STD ISD Code |  | L | A | N | D | L | I | N  | E |   |   |   |    | M | O | B | I | L | E |   |   |   |   |   |   |   |  |  |  |

Pincode

EMAIL ADDRESS

**Declaration by the person completing this claim form**

Reliance Nippon Life Insurance requires that this form is completed by the Life Assured. If this is not possible because the Life Assured does not read, write or speak English, then this form may be completed by another person who must complete the following declaration.

I have explained the contents of this form to the Life Assured and endeavoured to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought by this Claim Form and I have read the responses back to the Life Assured and confirmed that they are correct.

Name of the Declarant

|              |  |   |   |   |   |   |   |    |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |
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|              |  |   | F | I | R | S | T |    |   |   |   |   |    |   |   |   |   |   |   | L | A | S | T |   |   |   |  |  |  |
|              |  | O | C | C | A | T | I | O  | N |   |   |   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |
|              |  | F | L | A | T |   | N | O. |   |   |   |   |    |   | B | U | I | L | D | I | N | G |   |   |   |   |  |  |  |
|              |  | R | O | A | D |   | N | A  | M | E | / | N | O. |   |   | L | A | N | D | M | A | R | K | 1 |   |   |  |  |  |
|              |  | D | I | S | T | R | I | C  | T | / | T | A | L  | U | K | A |   | L | A | N | D | M | A | R | K | 2 |  |  |  |
|              |  | C | I | T | Y | / | V | I  | L | L | A | G | E  |   |   |   | S | T | A | T | E |   |   |   |   |   |  |  |  |
| STD ISD Code |  | L | A | N | D | L | I | N  | E |   |   |   |    | M | O | B | I | L | E |   |   |   |   |   |   |   |  |  |  |

Pincode

EMAIL ADDRESS

Signature of the Declarant \_\_\_\_\_

**For Internal use: To be filled by the Branch**

Name of the Person to whom form was issued

Relationship with the Life Assured

Claim Form Issue Date

Name of the Issuing Officer

Date of receiving Claim Form at Branch

Reliance Nippon Life Insurance Company Limited. IRDAI Registration No: 121. Registered Office: Reliance Centre, 5th floor, Off Western Express Highway, Santacruz East, Mumbai, Mumbai-City District, Maharashtra-400055. For more information or any grievance, 1. Call us between 9am to 6pm, Monday to Saturday on our Toll Free Number 1800 102 1010 or 2. Visit us at [www.reliancenipponlife.com](http://www.reliancenipponlife.com) or 3. Email us at: [rnlife.customerservice@relianceada.com](mailto:rnlife.customerservice@relianceada.com). Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited & Nippon Life Insurance Company and used by Reliance Nippon Life Insurance Company Limited under license.

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